STATE OF NEW JERSEY
DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
DIVISION OF PUBLIC SAFETY & OCCUPATIONAL SAFETY & HEALTH

ASBESTOS CONTROL AND LICENSING ACT, N.J.S.A. 34:5A-32, ET SEQ.

APPLICATION FOR ASBESTOS LICENSE

EACH APPLICANT IS REQUESTED TO VOLUNTARILY PROVIDE HIS OR HER SOCIAL SECURITY NUMBER ON HIS OR HER LICENSE APPLICATION TO ASSIST THE COMMISSIONER IN THE ENFORCEMENT OF THE PROVISIONS OF N.J.S.A 34:5A-32 et. seq.

EACH SOCIAL SECURITY NUMBER MAY BE USED AS AN IDENTIFIER IN THE COMMISSIONER'S COMPUTERIZED RECORDKEEPING SYSTEM TO AID IN THE PROCESSING OF PERMIT APPLICATIONS.

EACH SOCIAL SECURITY NUMBER COLLECTED SHALL REMAIN CONFIDENTIAL TO THE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT.

(TYPE OR PRINT LEGIBLY IN INK, ANSWER ALL QUESTIONS IN FULL AND PROVIDE DOCUMENTATION WHERE INDICATED)

1. COMPANY NAME: _____

   STREET ADDRESS: _____

   CITY: _____ STATE: _____ ZIP CODE: _____

2. PROVIDE A COPY OF YOUR COMPANY'S **CERTIFICATE OF INCORPORATION** (CORPORATE PAPERS) AND SUBMIT A COPY OF YOUR COMPANY'S STANDING CERTIFICATE, WHICH MAY BE OBTAINED FROM THE NEW JERSEY DEPARTMENT OF TREASURY, OFFICE OF COMMERCIAL RECORDING (TELEPHONE NUMBER 609-292-9292). IF YOUR COMPANY IS OUT OF STATE, YOU **MUST** ALSO SUBMIT A CERTIFICATE OF AUTHORITY TO DO BUSINESS IN THE STATE OF NEW JERSEY, WHICH MAY BE OBTAINED FROM THE NEW JERSEY DEPARTMENT OF TREASURY, DIVISION OF REVENUE (TELEPHONE NUMBER 609-292-9292).

   COMPANY IS A: ❑ CORPORATION ❑ PARTNERSHIP ❑ INDIVIDUAL

   CORPORATION NUMBER: _____ DATE INCORPORATED: _____

   NAME OF STATE YOU ARE INCORPORATED: _____

   NAME/ADDRESS OF REGISTERED AGENT IN NEW JERSEY:

   NAME: _____

   ADDRESS: _____

   CITY: _____ STATE: _____ ZIP CODE: _____

3. COMPANY CONTACT PERSON: _____ COMPANY TELEPHONE: _____ EXT.: _____

   FAX NUMBER: _____ EMAIL ADDRESS: _____

4. PLEASE PROVIDE A RECENTLY DATED DOCUMENT AS PROOF OF THE **FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)** ASSIGNED TO YOUR COMPANY (I.E.; A RECENT COPY OF A FEDERAL IRS FORM 1120, FORM 8501 OR FORM 8109).

   FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

   NEW JERSEY UNEMPLOYMENT INSURANCE REGISTRATION NUMBER: _____

5. HOW LONG HAS THE COMPANY BEEN IN EXISTENCE OR OPERATING UNDER ITS CURRENT COMPANY NAME? ____ YEARS ____ MONTHS

   IF COMPANY NAME HAS CHANGED WITHIN THE PAST TWO (2) YEARS, PROVIDE FORMER NAME AND ADDRESS:

   NAME: _____

   ADDRESS: _____

   CITY: _____ STATE: _____ ZIP CODE: _____

6. IS COMPANY AN AFFILIATE OR A SUBSIDIARY OF ANY OTHER ORGANIZATION? ❑ YES ❑ NO

IF "YES", LIST NAME(S) AND ADDRESS(ES) OF RELATED ORGANIZATION(S) AND THEIR RELATIONSHIP (ATTACH ADDITIONAL SHEET(S) IF MORE SPACE IS REQUIRED):

NAME	**ADDRESS**	**RELATIONSHIP**

7. LIST **ALL** OWNERS, PARTNERS, SHAREHOLDERS (10% OR MORE), OFFICERS, AND DIRECTORS OF THE COMPANY (ATTACH ADDITIONAL SHEET(S) IF MORE SPACE IS REQUIRED):

NAME AND HOME ADDRESS	OFFICE/TITLE	SOCIAL SECURITY	% OWNERSHIP	DATE OF BIRTH

8. IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, A DETAILED STATEMENT **MUST** BE PROVIDED TO FULLY EXPLAIN THE CIRCUMSTANCES.

WITHIN THE PAST FIVE (5) YEARS, HAS THE COMPANY OR ANY OF THE PARTIES IDENTIFIED IN SECTION 7:

A. BEEN A PARTY IN LITIGATION INVOLVING LAWS GOVERNING HOURS OF LABOR, MINIMUM WAGE STANDARDS, PREVAILING WAGE RATE, CHILD LABOR OR DISCRIMINATION IN WAGES? ❑ YES ❑ NO

B. BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OFFENSE, OTHER THAN A MINOR MOTOR VEHICLE VIOLATION? ❑ YES ❑ NO

C. BEEN SUBJECT TO, OR HAS PENDING, ANY DISCIPLINARY ACTION(S) OR CITATION(S) OR VIOLATION(S) BY AN ADMINISTRATIVE, GOVERNMENTAL, OR REGULATORY AGENCY, INCLUDING BUT NOT LIMITED TO OSHA, EPA AND DEP? ❑ YES ❑ NO

D. BEEN SUBJECT TO ANY ORDER RESULTING FROM ANY CRIMINAL, CIVIL OR ADMINISTRATIVE PROCEEDINGS BROUGHT AGAINST SUCH COMPANY, PERSONS, OR PARTIES BY ANY ADMINISTRATIVE, GOVERNMENTAL, OR REGULATORY AGENCY? ❑ YES ❑ NO

E. BEEN DENIED ANY LICENSE OR HAD IT SUSPENDED OR REVOKED BY ANY ADMINISTRATIVE, GOVERNMENTAL OR REGULATORY AGENCY? ❑ YES ❑ NO

F. BEEN INFORMED OF ANY CURRENT OR ONGOING INVESTIGATION WITH RESPECT TO POSSIBLE VIOLATIONS OF SUCH COMPANY, PERSONS, OR PARTIES OF STATE OR FEDERAL SECURITIES, ANTI-TRUST, OR CRIMINAL LAWS? ❑ YES ❑ NO

G. BEEN DISBARRED, SUSPENDED, OR DISQUALIFIED FROM CONTRACTING WITH ANY FEDERAL, STATE, OR MUNICIPAL AGENCY? ❑ YES ❑ NO

H. BEEN A DEFENDANT IN ANY CIVIL OR CRIMINAL LITIGATION? ❑ YES ❑ NO

9. FOR THIS SECTION, THE APPLICANT **MUST** SUBMIT A COPY OF HIS/HER CERTIFICATE OF INSURANCE STIPULATING THE NAME OF THE COMPANY'S INSURANCE CARRIER, POLICY NUMBER AND POLICY PERIOD UNDER WHICH THE ENTIRE **NEW JERSEY WORKERS' COMPENSATION** OBLIGATIONS ARE INSURED **AND** WHICH SPECIFIES THE NJ DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT (ASBESTOS CONTROL AND LICENSING) AND THE NJ DEPARTMENT OF HEALTH (CONSUMER & ENVIRONMENTAL HEALTH SERVICES) AS CERTIFICATE HOLDERS. **WORKERS' COMPENSATION INSURANCE FOR STATES OTHER THAN NEW JERSEY IS NOT ACCEPTABLE.**

10. WITHIN THE PAST ONE (1) YEAR OF THE FILING OF THIS APPLICATION, PROVIDE THE NUMBER OF **SUCCESSFULLY** COMPLETED ASBESTOS ABATEMENT PROJECTS ON WHICH THE COMPANY WAS EMPLOYED AS EITHER A CONTRACTOR OR SUBCONTRACTOR.

NUMBER OF PROJECTS SUCCESSFULLY COMPLETED: _____

PROVIDE A LIST OF ALL NEW JERSEY ASBESTOS ABATEMENT PROJECTS THE COMPANY HAS COMPLETED WITHIN FIVE (5) YEARS OF THE FILING OF THIS APPLICATION (ATTACHMENTS MAY BE REQUIRED).

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

PROJECT NAME: _____

PROJECT LOCATION: _____ CITY: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ CITY: _____

DATE(S) OF PROJECT: _____ DURATION OF PROJECT: _____

TYPE OF ASBESTOS WORK PERFORMED ON PROJECT: _____

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11. IDENTIFY A COMPANY PRINCIPAL OR A COMPANY JOB SUPERVISOR WHO HAS SUCCESSFULLY COMPLETED A “SUPERVISORS TRAINING COURSE” IN ASBESTOS ABATEMENT THAT HAS BEEN CERTIFIED BY THE COMMISSIONER OF HEALTH OF THE STATE OF NEW JERSEY AND HAS BEEN ISSUED A VALID PERFORMANCE PERMIT WITH A **SUPERVISORY** DESIGNATION **(SUBMIT A PHOTOCOPY OF THE SUPERVISORY PERMIT)**.

12. RESPIRATORY PROTECTION

ATTACH AS A SEPARATE DOCUMENT, YOUR COMPANY'S WRITTEN STANDARD OPERATING PROCEDURES MANUAL GOVERNING THE SELECTION AND USE OF RESPIRATORS. THE PROCEDURE MANUAL **MUST** MEET OSHA STANDARDS 29 CFR 1910.1001 AND 29 CFR 1926.1101 REQUIREMENTS FOR A MINIMAL ACCEPTABLE RESPIRATORY PROGRAM AND **MUST INCLUDE AS A MINIMUM** THE FOLLOWING ITEMS:

A. RESPIRATOR SELECTION ON THE BASIS OF THE HIGHEST HAZARD TO WHICH THE WORKER IS EXPECTED TO BE EXPOSED.

B. INSPECTION AND TRAINING PROCEDURE ON THE PROPER USE OF RESPIRATORS, THEIR LIMITATIONS, AND PROPER FITTING.

C. EMPLOYEE ASSIGNMENT PROCEDURE.

D. RESPIRATOR CLEANING AND DISINFECTING SCHEDULE.

E. RESPIRATOR STORAGE PROCEDURE.

F. RESPIRATORY INSPECTION AND MAINTENANCE PROCEDURE.

G. WORK AREA SURVEILLANCE, EMPLOYEE EXPOSURE, AND STRESS MONITORING PROCEDURE.

H. RESPIRATOR PROGRAM EVALUATION PROCEDURE.

I. MEDICAL SURVEILLANCE OF EMPLOYEES USING RESPIRATORS (I.E., USER'S ABILITY TO USE RESPIRATORS).

J. APPROVED RESPIRATOR SELECTION LIST – AS PART OF THIS SECTION, YOUR COMPANY MUST INCLUDE THE MAKES, MODELS, AND TC APPROVAL NUMBERS FOR ALL RESPIRATORY PROTECTION SPECIFICALLY USED BY YOUR COMPANY.

13. ADDITIONAL PERSONAL PROTECTIVE EQUIPMENT

WHAT OTHER PERSONAL PROTECTIVE EQUIPMENT, IN ADDITION TO RESPIRATORS, IS TO BE PROVIDED TO EMPLOYEES WHO ARE INVOLVED IN ASBESTOS ABATEMENT PROJECTS? (I.E., INCLUDE A LISTING OF THE PERSONAL PROTECTIVE EQUIPMENT TO BE SUPPLIED TO EMPLOYEES DURING ASBESTOS ABATEMENT).

_____

_____

_____

_____

_____

_____

14. ENGINEERING METHODS AND CONTROLS

ATTACH A SEPARATE AND DETAILED SECTION ON THE ENGINEERING METHODS AND CONTROLS THAT YOUR COMPANY USES IN ASBESTOS ABATEMENT TO COMPLY WITH PERMISSIBLE EXPOSURE LIMITS (PELS).

15. COMPANY EQUIPMENT

PROVIDE A SEPARATE ATTACHMENT WHICH LISTS ALL OF YOUR COMPANY-OWNED EQUIPMENT SPECIFIC TO ASBESTOS ABATEMENT (I.E., NEGATIVE AIR FILTRATION UNITS, RESPIRATORS, SPRAYERS, HEPA VACUUMS, ETC.). YOU **MUST** PROVIDE PROOF OF OWNERSHIP (I.E. PAID COMPANY INVOICES, CANCELLED CHECKS, ETC.) AND THE FOLLOWING INFORMATION, WHERE APPROPRIATE.

A. MAKE AND DESCRIPTION OF THE EQUIPMENT ITEM
B. MODEL AND SERIAL NUMBER OF THE EQUIPMENT ITEM
C. SIZE (I.E., CFM CAPACITY)
D. QUANTITY OF EQUIPMENT ITEM

THERE ARE TWO (2) TYPES OF LICENSES GRANTED WHICH SHALL BE EITHER AN "A" LICENSE OR A "B" LICENSE:

AN **"A" TYPE LICENSE** SHALL PERMIT THE EMPLOYER TO PERFORM **ANY** TYPE OF ASBESTOS WORK IN NEW JERSEY AND REQUIRES PROOF OF OWNERSHIP OF A MINIMUM OF THE FOLLOWING TYPES OF EQUIPMENT: TWO (2) HEPA VACUUMS; TWO (2) NEGATIVE AIR FILTRATION UNITS HAVING A 2000 CFM CAPACITY FOR EACH UNIT; TEMPORARY LIGHTING, GROUND FAULT INTERRUPTERS, GENERATORS AND EMERGENCY EQUIPMENT.

A **"B" TYPE LICENSE** SHALL **ONLY** PERMIT THE EMPLOYER TO **REMOVE** ASBESTOS CONTAINING MATERIAL FROM MECHANICAL SYSTEMS, SUCH AS PIPES, BOILERS, DUCTS, FLUES OR BREECHINGS. A "B" TYPE LICENSE REQUIRES PROOF OF OWNERSHIP OF A MINIMUM OF THE FOLLOWING TYPES OF EQUIPMENT: ONE (1) HEPA VACUUM; ONE (1) NEGATIVE AIR FILTRATION UNIT; TEMPORARY LIGHTING, GROUND FAULT INTERRUPTERS, GENERATORS, AND EMERGENCY EQUIPMENT.

PLEASE INDICATE THE TYPE OF LICENSE YOUR COMPANY IS SEEKING TO OBTAIN (CHECK ONE):

❑ **TYPE "A"** ❑ **TYPE "B"**

16. WORK PRACTICES

ATTACH A SEPARATE AND DETAILED SECTION ON YOUR COMPANY'S SPECIFIC WORK PRACTICES WHICH ARE UTILIZED TO MINIMIZE DUST GENERATION AND DISPERSAL. YOUR COMPANY'S WORK PRACTICES SHOULD DISCUSS IN DETAIL EACH OF THE FOLLOWING ITEMS:

A. INITIAL WORK-SITE AREA PREPARATION
B. PROPER METHODS OF REMOVAL AND HANDLING FOR LARGE, SMALL AND MINOR ASBESTOS ABATEMENT PROJECTS
C. DECONTAMINATION PROCEDURES
D. HOUSEKEEPING
E. FINAL CLEAN-UP OF WORK-SITE AREA
F. LIMITED CONTAINMENT REMOVAL
G. ENCAPSULATION
H. ENCLOSURE
I. EMERGENCY PROCEDURES FOR FIRE, INJURY AND EVACUATION
J. ELECTRICAL SYSTEMS LOCKOUT AND TEMPORARY POWER IMPLEMENTATION
K. FLOORING ABATEMENT
L. SIDING AND ROOFING ABATEMENT FOR DEMOLITION OF STRUCTURE WORK ONLY
M. **MANDATORY NOTIFICATION**

PURSUANT TO N.J.A.C. 8:60-7 AND N.J.A.C. 12:120-7, AS AMENDED APRIL 3, 1995 THE LICENSEE WHO PLANS TO PERFORM ASBESTOS WORK IN NEW JERSEY MUST SUBMIT IN WRITING A NOTIFICATION OF INTENT TO PERFORM SUCH WORK TO BOTH THE NEW JERSEY DEPARTMENT OF HEALTH AND THE NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT. THIS MANDATORY NOTIFICATION MUST BE SUBMITTED AT LEAST TEN (10) CALENDAR DAYS PRIOR TO THE BEGINNING OF SUCH ASBESTOS WORK.

INDICATE IN WRITING IN THE BODY OF YOUR COMPANY'S APPLICATION THAT YOUR COMPANY WILL COMPLY WITH THIS REQUIREMENT AND INCLUDE A DETAILED POLICY AND PROCEDURE WHICH ADDRESSES HOW COMPLIANCE WILL BE ACHIEVED.

17. DANGER SIGNS AND DANGER LABELS

DESCRIBE YOUR COMPANY'S PRACTICES EMPLOYED CONCERNING BOTH DANGER SIGNS AND DANGER LABELS. DISCUSS DISPLAY AND LOCATION REQUIREMENTS, CONTENT, AND VISIBILITY.

18. WASTE HANDLING AND DISPOSAL.

ATTACH A SEPARATE AND DETAILED SECTION ON YOUR COMPANY'S SPECIFIC PRACTICES AND PROCEDURES WHICH REFERENCE EACH OF THE FOLLOWING:

A. HOW YOUR COMPANY HANDLES ASBESTOS WASTE ON-SITE.
B. HOW YOUR COMPANY HANDLES ASBESTOS WASTE OFF-SITE.
C. PROVIDE DETAILED NOTIFICATION PROCEDURES SPECIFIC TO NEW JERSEY.
D. PROVIDE THE CONTENT OF NOTIFICATION LETTERS.

****FOR ITEMS 19 AND 20 BELOW, DO NOT SUBMIT ACTUAL EXPOSURE OR MEDICAL RECORD DATA FOR INDIVIDUAL EMPLOYEES AS PROOF OF COMPLIANCE WITH 29 CFR 1910.1001 AND 29 CFR 1926.1101.****

19. WORKER ASBESTOS EXPOSURE DATA

SUBMIT FOR EACH SECTION BELOW ANY PERTINENT AND ACCEPTABLE DOCUMENTATION AND EVIDENCE INCLUDING TIME-WEIGHTED AVERAGES (TWA'S), ENVIRONMENTAL DATA, RECORD LOCATION, COMPANY STATEMENT, WHERE INDICATED, AND ADMINISTRATIVE FORMS. EVEN IF YOUR COMPANY HAS **NOT** PERFORMED ANY ASBESTOS WORK TO DATE, YOU **MUST** NONETHELESS INCLUDE A DETAILED POLICY AND PROCEDURE STATEMENT FOR **EACH** OF THE FOLLOWING SECTIONS. IF YOUR COMPANY HAS **NOT** SELECTED A MONITORING FIRM (ITEMS "E" AND "F" BELOW), YOU **MUST** NONETHELESS INDICATE THAT IN WRITING IN THOSE SECTIONS.

A. LOCATION OF EXPOSURE DATA
B. COMPANY PROCEDURE FOR EMPLOYEES' ACCESS TO RECORDS
C. METHOD OF NOTIFICATION IN EXCESS OF EXPOSURE LIMITS
D. ESTABLISHMENT OF TIME-WEIGHTED AVERAGES
E. NAME AND ADDRESS OF PERSON/ORGANIZATION WHICH HAS OR WILL PERFORM AIR SAMPLING
F. NAME AND ADDRESS OF LABORATORY WHICH PERFORMS ANALYSIS
G. NAME FOR LABORATORY METHOD USED

20. MEDICAL EXAMINATIONS

SUBMIT FOR EACH SECTION BELOW ANY PERTINENT AND ACCEPTABLE DOCUMENTATION AND EVIDENCE INCLUDING PAYMENT RECEIPTS, ADMINISTRATIVE FORMS, AND A COMPANY STATEMENT OF RECORD LOCATION WHERE APPLICABLE. STATEMENTS SUCH AS, "ALL APPLICABLE EPA AND OSHA REQUIREMENTS WILL BE MET" OR "HAVE BEEN MET" **WILL NOT BE ACCEPTABLE** AS ADEQUATE PROOF OF COMPLIANCE. IF YOUR COMPANY HAS NOT YET SELECTED A MEDICAL GROUP, YOU **MUST** INDICATE THAT FOR ITEM "A" BELOW.

A. NAME OF PARTICIPATING MEDICAL GROUP
B. WHAT IS THE CONTENT OF MEDICAL EXAMINATIONS
C. LOCATION OF MEDICAL RECORDS
D. LENGTH OF MEDICAL RECORD RETENTION
E. POLICY PROCEDURES, CONTENTS AND FREQUENCY OF INITIAL EXAMINATION AND CONSULTATION
F. POLICY PROCEDURES AND CONTENTS OF PERIODIC EXAMINATION AND CONSULTATION

APPLICANT'S STATEMENT

PLEASE READ THE STATEMENT BELOW THOROUGHLY AND MAKE SURE YOU HAVE SIGNED AND DATED THE APPLICATION.

AS THE RESPONSIBLE APPLICANT/EMPLOYER, I UNDERSTAND THAT THE INFORMATION CONTAINED IN THIS APPLICATION FOR LICENSE IS ACCURATE, TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I ALSO UNDERSTAND THAT IF SUCH INFORMATION CONTAINED IN THIS APPLICATION IS FALSE, THAT THE APPLICANT/EMPLOYER IS SUBJECT TO THE PENALTY PROVISIONS OF PUBLIC LAW 1984, CHAPTER 173, AS AMENDED AND SUPPLEMENTED BY PUBLIC LAW 1994, CHAPTER 21.

I ALSO UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO VERIFICATION AND THAT I AGREE TO PROVIDE ANY ADDITIONAL DOCUMENTATION AS REQUIRED. FOR THE SAME PURPOSE, I ALSO UNDERSTAND THAT OUTSIDE SOURCES MAY BE CONTACTED AND THAT I DO HEREBY GIVE PERMISSION FOR DISCLOSURE OF ANY INFORMATION WHICH MAY BE NEEDED TO DETERMINE LICENSE APPLICATION VALIDITY AND/OR ELIGIBILITY.

I ALSO UNDERSTAND THAT FAILURE TO PROVIDE FULL AND TIMELY DISCLOSURE OF ANY OF THE REQUESTED OR REQUIRED INFORMATION OR DOCUMENTATION MAY RESULT IN REJECTION OF THIS APPLICATION FOR LICENSE UNDER REVIEW.

I AM AUTHORIZED TO SIGN FOR AND IN BEHALF OF PERSON(S) LISTED UNDER ITEM #7 OF THIS APPLICATION FOR LICENSE.

SIGNATURE	**NAME AND TITLE (TYPE OR PRINT)**	**DATE**

- **A FEE OF $2,000.00 MUST BE SUBMITTED WITH THIS APPLICATION FOR LICENSE**
- **A FEE OF $200.00 MAY BE SUBMITTED FOR EACH ADDITIONAL DUPLICATE REQUESTED**
- **MAKE THE *CERTIFIED* CHECK OR MONEY ORDER PAYABLE TO COMMISSIONER OF LABOR AND WORKFORCE DEVELOPMENT**

FORWARD THE APPLICATION AND FEE TO:

STATE OF NEW JERSEY
DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
ASBESTOS CONTROL & LICENSING
P.O. BOX 949
TRENTON, NEW JERSEY 08625-0949

Telephone: (609) 633-2159
Fax: (609) 633-0664
E-Mail: asbestos@dol.state.nj.us

Company Affirmation:

In consideration for asbestos abatement licensure or renewal licensure, please affirm that your company agrees to comply with the following:

1. All projects, public and private, will be defined in writing and that this documentation will be made available at the abatement site for inspection.
2. Amended water will be used to wet all asbestos.
3. Decontamination units will be available on all sites. For full containment abatements, the decontamination unit will be a minimum of 3 stages with triple flaps separating each chamber with a shower in between the equipment room and the clean room. The decontamination unit shall be attached to the work area. For glove bag abatements, the contractor shall provide either a remote shower or an attached 3-stage decontamination unit.
4. All showers shall have hot and cold water.
5. All movable objects shall be removed from the work area or sealed with one layer of polyethylene sheeting.
6. The HVAC shall be shut down and sealed with 2 layers of polyethylene sheeting.
7. OSHA caution signs shall be posted at the entrance to all regulated areas and on waste storage facilities.
8. All polyethylene used for sheeting and waste bags shall be a nominal 6 mils thick.
9. Tinted sealant shall be applied to all surfaces exposed during abatement.
10. All visible ACM shall be removed as per the scope of work.
11. Final air testing shall comply with the requirements of N.J.A.C. 12:120-4.7(c) (formerly N.J.A.C. 5:16-4.7(c)).
12. For full containment projects, air filtration units shall provide for at least 4 air changes per hour and walls, ceilings and floors shall be covered with one layer of polyethylene sheeting.
13. For glove-bag projects, glove bags will be used once only. A drop cloth shall be placed below piping and all glove bag removal shall be accomplished using 2 individuals.
14. The contractor agrees to adhere to the following regulations, when applicable:
    - 29 CFR 1910.1001
    - 29 CFR 1926.1101
    - 29 CFR 1910.134
    - 40 CFR Part 61
    - N.J.A.C. 7:26
    - N.J.A.C. 12:120 (formerly N.J.A.C. 5:16)
    - N.J.A.C. 5:23-8

This applicant affirms that the company will follow the above referenced items on all abatement projects, as a minimum. If more stringent requirements are imposed by regulation or job specification, then the applicant affirms that they are bound by the more restrictive requirements.

The applicant also affirms that if any of its other previous submissions to the Department are less stringent than identified above, then the applicant shall comply with the aforementioned affirmations.

_____

Company Name

_____ _____

Signature of Authorized Representative Making Affirmation Date

_____

Print Name and Title of Authorized Representative

ASBESTOS NOTIFICATIONS GUIDE

For notification requirements on emergency projects, contact appropriate agency for details.

NEW JERSEY

AGENCY	GENERAL REQUIREMENTS
NJ Department of Community Affairs Asbestos Safety Unit (Subchapter 8) 101 South Broad Street, 4th Floor PO Box 816, Trenton, NJ 08625-0816 Telephone: 609-633-6224	Greater than 25 square feet of surface area ACM or Greater than 10 linear feet of piping ACM Pertains to educational facilities and public buildings Notifications per NESHAPS (40 CFR Part 61, Subpart M)
NJ Department of Environmental Protection Division of Solid and Hazardous Waste Bureau of Technical Assistance PO Box 414, Trenton, NJ 08625-0414 Telephone: 609-984-6985	Notification of Intent To Dispose sent 10 days prior to movement of asbestos waste
NJ Department of Health Consumer & Environmental Health Services PO Box 360, Trenton, NJ 08625-0360 Telephone: 609-631-6749	Greater than 3 square feet or greater than 3 linear feet Greater than 1% asbestos 10 day notice prior to start of project (calendar days) ALL private and public sector work
NJ Department of Labor & Workforce Development Asbestos Control & Licensing Section 1 John Fitch Plaza, 3rd Floor PO Box 949, Trenton, NJ 08625-0949 Telephone: 609-633-3760	Greater than 3 square feet or greater than 3 linear feet Greater than 1% asbestos 10 day notice prior to start of project (calendar days) ALL private and public sector work

FEDERAL

AGENCY	GENERAL REQUIREMENTS
U.S. Environmental Protection Agency Region II, Enforcement & Compliance Assistance 290 Broadway, 21st Floor New York, NY 10007-1866 Telephone: 212-637-4042	Notification of intent to demolish or renovate sent 10 working days prior to asbestos stripping/removal activity when combined amount of regulated ACM is greater than 260 linear feet from piping or greater than 160 square feet on facility components. Notifications include work practices to be utilized to prevent asbestos emissions in addition to scheduled start/completion dates, quantities of ACM, and waste transporter/disposal information.